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To: Commissioner for Patents
Fax Number: (703) 872-9306
Date: March 16, 2005
Pages: 18 pages (including this cover sheet)

MESSAGE:

Application No. 09/519,327
Examiner A. Armstrong
Art Unit 2654

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

YOR-2000-0006
(590.006)

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PERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR-2000-0006
(590.006)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 16 2005

In re Application of : Chaudhari et al.
Serial No. : 09/519,327 Examiner : A. Armstrong
Filed : March 6, 2000 Group Art Unit : 2654
For : VERBAL UTTERANCE REJECTION USING A LABELER WITH
GRAMMATICAL CONSTRAINTS

HON. COMMISSIONER OF PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on March 16, 2005 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

REFERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR-2000-0006
(590.006)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
					RATE	FEE			RATE	FEE
Total Claims	19	** 23	= * 0	x	\$25	=	O	x	\$50	=
Ind. Claims	3	*** 3	= * 0	x	\$100	=	R	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	R	+	\$360	=
					TOTAL	= \$	O		TOTAL	= \$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

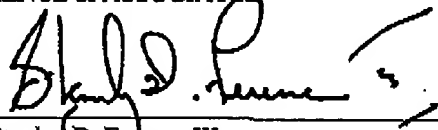
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

REFERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: March 16, 2005

Mailing Address:

Customer No. 35195
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